

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Bob M. Dearing
Address 305 Melrose-Montebello Parkway County Adams
Telephone 601-807-2431 Fax _____
Office Sought State Senate - District 37 Email Address bobmdearing@yahoo.com

☒ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 18,250 + \$ 750	\$ 19,000	\$ 19,000
Total amount of disbursements	\$ 24,700 + \$ 300	\$ 25,000	\$ 25,000
Total amount of cash on hand	\$ 0	\$ -6,000	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Bob M. Dearing
Signature of Candidate

January 30, 2017
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Bob M. DearingReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Magnolia Bluffs</u>	<u>2</u> / <u>1</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 791</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Natchez, MS 39121</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>KEVIN PRASTON</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Biglane Investments</u>	<u>2</u> / <u>12</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 966</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Natchez, MS 39121</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>James Biglane</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deviney Construction Company, Inc.</u>	<u>2</u> / <u>19</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 6717</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39282</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Billy Deviney</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Hobbying Group</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cornerstone Government Affairs</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500.00</u>
Mailing Address <u>188 East Capitol Street, Ste 910</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Joe Sims</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Bob M. DearingReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denbury Resources</u>	<u>3</u> / <u>17</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>5320 Legacy Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Plano, TX 75024</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Greg Schnacke</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Trade Counsel</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centrat MS Blding & Construction Trade Counsel</u>	<u>3</u> / <u>11</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 821535</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Vicksburg, MS 39182</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>John Smith, Jr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Chairman</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Asphalt Contractors PAC</u>	<u>5</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>North President Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Toni Garrett</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MMHA PAC</u>	<u>5</u> / <u>19</u> / <u>16</u>	\$ <u>700.00</u>
Mailing Address <u>P.O. Box 320369</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Jennifer Hall</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>700.00</u>

Name of Candidate or Committee Bob M. DearingReporting period 1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS EYE PAC</u>	<u>5</u> / <u>9</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 217</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Beth Clay</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Medical PAC</u>	<u>5</u> / <u>9</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 2548</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Dave Roberts</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TAUCK PAC</u>	<u>5</u> / <u>9</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>825 North President Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Hal Miller</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500.00</u>
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy Corporation PAC</u>	<u>5</u> / <u>9</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>5430 LBJ Freeway, Ste 160</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Dallas, TX 75240</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Robert Ledge</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Bob M. Dearing

Reporting period

1-1-16

through

12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Independent Insurance Agents of MS PAC</u>	<u>3/9/16</u>	\$ <u>500.00</u>
Mailing Address <u>124 Riverside Drive</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Clint Graham</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Political Consultant</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE - PAC</u>	<u>3/9/16</u>	\$ <u>500.00</u>
Mailing Address <u>775 North State Street</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Joyce Helmick</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Chair</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MMHA V PAC</u>	<u>3/9/16</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 320369</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Jennifer Hall</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Political Consultant</u>	Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jennifer Hall</u>	<u>3/9/16</u>	\$ <u>300.00</u>
Mailing Address <u>219 Northwood Drive</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Brandon, MS 39047</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Self</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Political Consultant</u>	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Bobm. DearinsReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>William Balenstine</u>		<u>5/19/16</u>	\$ <u>250.00</u>
Mailing Address <u>412 Harriette</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Self</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Consultant</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Rick Brown</u>		<u>5/19/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1132</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39212</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Self</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Consultant</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Steve Simmons</u>		<u>5/10/16</u>	\$ <u>300.00</u>
Mailing Address <u>108 Fountain Blvd.</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Brandon, MS 39047</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Self</u>		<u>1/1/16</u>	\$ <u>300.00</u>
Occupation (Required) <u>Consultant</u>		Aggregate year-to-date	\$ _____
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Comprehensive Health Management, Inc.</u>		<u>16/1/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 31390</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Tampa, FL 33631</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Daniel Harrison</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Gov. Affairs</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Bob M. DearingReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>IBEN PAC Industrial Funds</u>	<u>3/11/16</u>	\$ <u>2,500.00</u>
Mailing Address <u>900 South Street, NW</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Washington, DC 20001</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Lonnie Stephenson</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>2,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Association</u>		
Full name <u>Mississippi Association of Realtors</u>	<u>6/10/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 32140</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Flowood MS 39282</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Beth Hanson</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ENPAC</u>	<u>10/10/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Russell, Bennett</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Pinnacle Entertainment</u>	<u>8/1/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>3200 N. Ameristar Drive</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Kansas City, MO 64116</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Troy S. Tremming</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Bob M. DearingReporting period 1-1-16 through 1-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T PAC</u>	<u>1/6/16</u>	\$ <u>500.00</u>
Mailing Address <u>111 East Capitol Street, Ste 6030</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Randy Russell</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company State PAC</u>	<u>1/12/16</u>	\$ <u>400.00</u>
Mailing Address <u>2992 West Beach Blvd.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Frankie Castiglia</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>400.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF Railroad Company</u>	<u>12/6/16</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Lone Mark Drive, AOB-3</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>FT. Worth, TX 76131</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Joel Yelverton</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Committee For Clean Environment & Fair Taxation</u>	<u>12/6/16</u>	\$ <u>250.00</u>
Mailing Address <u>3000 North State Street</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39216</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Mon Alredge</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Bob M. DearmReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>DMEGA PROTEIN</u>		<u>12/21/16</u>	\$ <u>500.00</u>
Mailing Address <u>2105 City West Blvd., Ste 500</u>		<u>12/21/16</u>	\$ _____
City, State, Zip Code <u>Houston, TX 77013</u>		<u>12/21/16</u>	\$ _____
Name of Employer (Required) <u>Don Landrey</u>		<u>12/21/16</u>	\$ _____
Occupation (Required) <u>Gov. Relations</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>12/21/16</u>	\$ _____
Mailing Address _____		<u>12/21/16</u>	\$ _____
City, State, Zip Code _____		<u>12/21/16</u>	\$ _____
Name of Employer (Required) _____		<u>12/21/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>12/21/16</u>	\$ _____
Mailing Address _____		<u>12/21/16</u>	\$ _____
City, State, Zip Code _____		<u>12/21/16</u>	\$ _____
Name of Employer (Required) _____		<u>12/21/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>12/21/16</u>	\$ _____
Mailing Address _____		<u>12/21/16</u>	\$ _____
City, State, Zip Code _____		<u>12/21/16</u>	\$ _____
Name of Employer (Required) _____		<u>12/21/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Bob M. Dearing
 Reporting period 1-1-16 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name <u>MOTELS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/1/16</u>	\$ <u>1,200.00</u>
City, State, Zip Code	<u>12/31/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,200.00</u>
B. Full name <u>AUTO</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5/10/16</u>	\$ <u>3,331.00</u>
City, State, Zip Code	<u>12/31/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3,331.00</u>
C. Full name <u>Telephone</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/16</u>	\$ <u>3,500.92</u>
City, State, Zip Code	<u>12/31/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3,500.92</u>
D. Full name <u>Utilities</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/16</u>	\$ <u>671.08</u>
City, State, Zip Code	<u>5/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>671.08</u>
E. Full name <u>Postage</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5/1/16</u>	\$ <u>248.00</u>
City, State, Zip Code	<u>12/31/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>248.00</u>
F. Full name <u>Meals</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5/10/16</u>	\$ <u>1,156.00</u>
City, State, Zip Code	<u>12/31/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,156.00</u>

Name of Candidate or Committee Bob M. Dearmings
 Reporting period 1-1-16 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name <u>Advertisements</u>	Date (Mo., Day, Year) <u>5/1/16</u>	Amount of each disbursement this period \$ <u>233.00</u>
Mailing Address	<u>213116</u>	\$
City, State, Zip Code	<u>213116</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>233.00</u>
B. Full name <u>Misc</u>	Date (Mo., Day, Year) <u>5/1/16</u>	Amount of each disbursement this period \$ <u>600.00</u>
Mailing Address	<u>1213116</u>	\$
City, State, Zip Code	<u>1213116</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.00</u>
C. Full name <u>Brad Pigot</u>	Date (Mo., Day, Year) <u>5/9/16</u>	Amount of each disbursement this period \$ <u>14,000.00</u>
Mailing Address	<u>1/1/16</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>ATTORNEY FEES</u>	Aggregate Year-to-date	\$ <u>14,000.00</u>
D. Full name	Date (Mo., Day, Year) <u>1/1/16</u>	Amount of each disbursement this period \$
Mailing Address	<u>1/1/16</u>	\$
City, State, Zip Code	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year) <u>1/1/16</u>	Amount of each disbursement this period \$
Mailing Address	<u>1/1/16</u>	\$
City, State, Zip Code	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u>1/1/16</u>	Amount of each disbursement this period \$
Mailing Address	<u>1/1/16</u>	\$
City, State, Zip Code	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$